Running Head: DEPICTIONS OF SCHIZOPHRENIA IN FILM

Depictions of Schizophrenia in Film

An Honors Thesis (HONRS 499)

by

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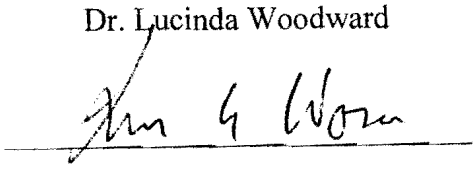

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Abstract

The portrayal of schizophrenic individuals in popular media films was investigated. Ten films were evaluated using the criteria for a diagnosis of schizophrenia current at the time each film was released. General notes were also kept about each film to attempt to determine if schizophrenic individuals were portrayed negatively and whether they were shown as being hospitalized for their illness at any point in the film. The hypotheses to be examined stated that the films would portray the individuals in each film with differential accuracy and that the early films would portray the mentally ill characters more negatively and show them more frequently in mental hospitals. The results indicated that overall the films accurately portrayed the schizophrenic individuals according to the diagnostic criteria. The findings did not support the hypotheses, but did show that popular media does not portray schizophrenic individuals stereotypically.

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Depictions of Schizophrenia in Film

Schizophrenia is a commonly misunderstood illness. Because the general public tends to misunderstand what schizophrenia really is, a large percentage of schizophrenia patients report suffering from stigmatization due to their illness (Angermeyer, Beck, Dietrich, & Holzinger, 2004). The cause for the public misperception of schizophrenia has been thought to be due in part to the media portrayal of people suffering from mental illnesses, specifically schizophrenia (Lawson & Fouts, 2004; Angermeyer et al., 2004). Most of the research concerning schizophrenia focuses on stigmatization by various groups or stigmatization of schizophrenia patients in comparison to patients with other mental illnesses while very little research focuses on the media effects on stigmatization of patients suffering from schizophrenia. A few examples of this research will be examined in the body of this paper.

Two viewpoints exist regarding the effects of labeling a mental illness. The clinical viewpoint states that "labelling provides orientation for those afflicted and their relatives"(Angermeyer & Matschinger, 2003), and social role theory holds that when a problem is diagnosed as a mental illness, the patient will be awarded the privileges of being a patient and will not be seen as responsible for their illness. According to the opposing viewpoint-the labelling approach-the negative stereotypes that the public already holds about the mentally ill will be activated by a label and lead to more discrimination against those with mental illness (Angermeyer & Matschinger, 2003). A study by Angermeyer and Matschinger (2003) examined the effects of labeling on the attitudes of 5,025 Germans towards people suffering from a mental disorder. The authors studied the impact of labeling mental illness on stereotypes, prejudice, and

discrimination. Angermeyer and Matschinger (2003) hypothesized that participants who described the person depicted in the vignette as mentally ill were more likely to view that individual as dangerous, more likely to react with fear, and an increased desire for social distance, but those same participants would also see the mentally ill individual as needing help and would react with pity, and not anger, which will increase with greater acceptance of the individual and the desire for social distance will recede. The authors also believed that the impact of labelling would affect schizophrenia more than major depressive disorder (Angermeyer & Matschinger, 2003). The individuals interviewed were presented with a vignette containing a story about an unlabeled psychiatric case history that depicted either schizophrenia or major depressive disorder. Participants were asked to label the problem described in the vignette as well as provide a response on a five point Likert scale, with one being definitely true and five being definitely not true, to eight personal attribute items, nine emotional response items and a seven item social distance scale. Of the participants given the schizophrenia vignette, 70.8% labeled it as mental illness and of the participants given the depression vignette, 62 % labeled it mental illness (Angermeyer & Matschinger, 2003). Participants who labeled the schizophrenic patient as mentally ill were more likely to view the target as dangerous, desired more social distance and associated the individual with fear and anger but not with pity. Participants who labeled the schizophrenic patient as mentally ill were also more likely to perceive the individual as dependent (Angermeyer & Matschinger, 2003). The researchers interpreted these results to mean that greater stigmatization is associated with a diagnosis of schizophrenia.

Angermeyer, Matschinger and Holzinger (1998) did a study that looked at the relationship between gender and attitudes towards schizophrenia. They hypothesized that aggressive emotions would appear more frequently towards schizophrenic males than females, as well as provoke more anxiety and an increased desire for social distance while female schizophrenics elicit more positive reactions in participants (Angermeyer, Matschinger, & Holzinger, 1998). These results would only be observed with schizophrenia and not alcoholism or affective disorders. Among the participants, women would act more prosocially and desire less social distance from the mentally ill than men (Angermeyer, Matschinger, & Holzinger, 1998). Three thousand and sixty seven participants were selected in two waves using random selection in both the Federal Republic of Germany and West Berlin. The results showed that schizophrenic men actually aroused less aggressive emotions and less anxiety than thought. Men with depression were actually more likely to provoke aggression and alcoholic men produced more anxiety, but only with male respondents. Schizophrenic women provoked prosocial reactions more often than men but alcoholic men provoked more prosocial reactions with women. Schizophrenic men aroused more desire for social distance than did their female counterparts (Angermeyer, Matschinger, & Holzinger, 1998). Women reacted with more positive emotions than men, but men and women desired the same amount of social distance. Women reacted less aggressively to schizophrenic and depressed people and more aggressively towards alcoholics. Females also felt more anxious than men with any type of mental illness. The authors surmised that reactions to the mentally ill were determined less by the gender of the patient but rather by the gender of the respondent (Angermeyer, Matschinger, & Holzinger, 1998).

Van Dorn, Swanson, Elbogen, and Swartz (2005) looked at the attitudes of individuals from groups that had varied amounts of contact with people with mental illness. The four groups that were selected for this study were 104 consumers of mental health treatment, 83 family members of someone in mental health treatment, 59 volunteers from Duke University, and 85 mental health clinicians. The participants in the consumer group were adults who had schizophrenia or a related disorder and had completed an observational study of treatment (Van Dorn, Swanson, Elbogen, & Swartz, 2005). The interviews and the questionnaire asked participants to share their beliefs about a schizophrenic person described in a vignette. All participants were asked about perception of dangerousness, desire for social distance, and their perceptions about the causes of mental illness (Van Dorn, Swanson, Elbogen, & Swartz, 2005). Regarding the perception of dangerousness, consumers were most likely to consider the patient violent at a base rate of 60% followed by the general public at 50%, family at 46%, and clinicians at 30%. There was little difference between the groups regarding desire for social distance. More than 89% of the total respondents endorsed a chemical imbalance as the cause for schizophrenia and the majority of the other responses followed a biomedical model (Van Dorn, Swanson, Elbogen, & Swartz, 2005).

Angermeyer, Beck, Dietrich, and Holzinger (2004) conducted a study that examined how those individuals with mental illness expect to be treated and what types of experiences they reported having most often when discussing stereotypes. One hundred and five patients were recruited from German psychiatric facilities completed a self-administered questionnaire that consisted of two items dealing with interpersonal interaction, two with public image of mentally ill people, two for access to social roles,

and two for structural discrimination based on the stigmatization experiences that had been reported most frequently in group discussions. Participants were asked about both their anticipation of stigmatization and their actual stigmatization experiences. The results found that patients anticipated restriction on their access to social roles most often, followed by the negative public image of mental illness provided by biased media coverage, and discrimination in the area of interpersonal interaction. The schizophrenia patients who live in a smaller town, anticipated more frequently that they were avoided by others and they see the public image as more negative in the small town. Schizophrenia and depressive patients anticipated the same amount of stigmatization (Angermeyer et al., 2004). Patients actually experienced the most discrimination in the interpersonal interaction category, followed by confrontations with media reporting or biased depictions of mentally ill individuals in films. Schizophrenia patients reported significantly more stigmatization experiences than depression patients but there was no difference between the schizophrenia patients in the city and in the small town. It was found that patients actually anticipated more stigmatization than they experienced (Angermeyer et al., 2004).

Clearly, stigmatization as a consequence of media portrayal is a vital issue to the mentally ill. Lawson and Fouts (2004) looked at the depictions of mental illness in children's films from The Walt Disney Company (TWDC). TWDC produced 40 full length films between 1937 and 2001, with full length being defined as having a duration of 40-45 minutes and having been released into theaters. All these films were included except those that lacked a consistent story line, educational films, and those not yet available to the public (Lawson & Fouts, 2004). The researchers developed a coding

manual for the films and used this to code the basic information about the film, all verbalizations about a principal character referring to mental illness, and mental illness as portrayed in minor characters. When the information from the principal characters and the minor characters was combined 85% of the films examined in this study contained references to characters with mental illness, while 21% of all the principal characters were referred to as mentally ill (Lawson & Fouts, 2004). These results were significantly higher than have been found previously in studies conducted on children's television programming (Wilson, Nairn, Coverdale, & Panapa, 2000, as cited by Lawson & Fouts, 2004) and was higher than the actual incidence of mental illness worldwide (World Health Organization 2001, as cited by Lawson & Fouts, 2004). The average number of mental illness references per film was 4.6 and the references were most commonly used negatively to alienate or put down a character (Lawson & Fouts, 2004). The authors concluded that such a large incidence of negative portrayal of mental illness in children's films may lead to fear, distrust, and avoidance of people with mental illness as well as the use of prejudicial or discriminatory statements and actions towards people with mental illness which may lead to an increased likelihood of these behaviors and attitudes in adulthood (Lawson & Fouts, 2004).

In this study I attempted to identify whether or not popular media films portrayed individuals with schizophrenia accurately according to the standards for diagnosis specified by the Diagnostic and Statistical Manual in publication at the time the film was released. It was assumed based on the results of the previously cited research that these films would portray schizophrenic individuals inaccurately for the diagnosis. I also hypothesized that in the early films the individuals with schizophrenia would be

portrayed or referred to more negatively and would also be portrayed in a more frequently in a mental institution at some point within the film.

Method

Materials

Ten popular media films of at least one and a half hours in length were used. The ten films, spanning a forty year period and in order of release date, were *Splendor in the Grass*, *King of Hearts*, *The Ruling Class*, *I Never Promised You a Rose Garden*, *Betty Blue*, *The Fisher King*, *Benny & Joon*, *Shine*, *The Caveman's Valentine*, and *A Beautiful Mind*. The first four films were released while the Diagnostic and Statistical Manual II was being published, the next three films were released during the publication of the Diagnostic and Statistical Manual III, and the final three films were released during the publication of the Diagnostic and Statistical Manual IV. A checklist containing the criteria for the diagnosis of schizophrenia and its different types were taken from the Diagnostic and Statistical Manuals II, III, and IV as a means of evaluating each film (see Appendix for complete criteria checklists).

Design and Procedure

Each of the ten films were viewed in order of the films' original release dates. The films were evaluated using a check list of the Diagnostic and Statistical Manual (DSM) criteria for a diagnosis of schizophrenia current at the time of each films' release and general notes were also taken about the qualitative details of each film. Each film was evaluated on the basis of whether or not the portrayal of the character met the diagnostic criteria for schizophrenia, as well as whether he/she met the criteria for a specific type of schizophrenia. Observational data were recorded throughout each film in

the general notes and were used to determine what types of descriptive words were used to refer to the mentally ill character, whether the mental illness was specifically identified in the film and whether there were scenes in a mental institution and how the institution scenes were portrayed. After all ten films had been evaluated, the number of criteria displayed by the mentally ill character in each film was totaled up to determine if the portrayal of the mentally ill individual met the diagnostic criteria for schizophrenia. All observations and data collections were performed by the author.

Results

Since each film was individually evaluated based on the diagnostic criteria at the time of its release, each one displayed its own results and must be discussed individually. The films were viewed in order of release and should be discussed in the same order. The first four films, spanning a period from 1961 to 1977, were released during the time that the second edition of the Diagnostic and Statistical Manual was being used. The next three films, spanning a period from 1986 to 1993, were released during the publication of the third edition of the Diagnostic and Statistical Manual. The final three films, spanning a period from 1996 to 2001, were released during the publication of the fourth edition of the Diagnostic and Statistical Manual.

Diagnostic and Statistical Manual II

Splendor in the Grass was the earliest film and was released in 1961 (Kazan, 1961). This film was about a young girl named Deenie and her relationship with her boyfriend. A split between Deenie and her boyfriend brought about a suicide attempt by Deenie followed by psychotic symptoms (Kazan, 1961). Deenie was hospitalized in an institution in a different city, but her parents reportedly believed she could simply stop

the "nonsense" and return to normal. Deenie displayed symptoms of withdraw from her friends and family and was mute throughout most of her stay in the hospital (Kazan, 1961). After Deenie began to speak again, she began therapy sessions and was eventually able to return home symptom free (Kazan, 1961). This film portrayed Deenie as developing her psychotic symptoms after a heart break and she was taken out of school and kept at home to recover until she was hospitalized. Her parents were depicted as embarrassed by her symptoms and only turned to the institution as a last resort because they reportedly did not believe in the validity of the psychological methods employed at the hospital (Kazan, 1961). The criteria presented in the film did not meet the diagnostic criteria for a diagnosis of schizophrenia according to the DSM II criteria, but her illness was never specifically named within the film. The film did portray Deenie's condition negatively. Her parents did not think her symptoms were real and that she was just feeling sorry for herself and could choose to stop at any time. Her symptoms were portrayed as trivial and childish, and she was not given adequate care until after her parents had exhausted all other options (Kazan, 1961). The film showed scenes in a mental institution but depicted the hospital as a very nice place with kind staff and a comforting atmosphere.

King of Hearts, the second film evaluated, was released in 1966 (Broca, 1966). This film was set in France and told the story of Sergeant Plumpick, a Scottish soldier, who was ordered to disarm a bomb in a small French village. When Plumpick arrived, he hid from the German soldiers in the local mental hospital, which was referred to in the film as the "Lunatic Asylum" (Broca, 1966). Plumpick then left the asylum liberating the other patients and they subsequently take over the abandoned town. Plumpick is hailed

as their king and he decides to stay in the institution permanently after the threat is averted and the citizens return to their village (Broca, 1966). The portrayal of each patient from the mental hospital met the criteria for schizophrenia according to the DSM II criteria, even though no illness was specifically mentioned for any character. The film did portray mental illness negatively using such words as crazy, mad, and lunatic. At one point in the film, the German soldiers ran from the institution because they were afraid of the "crazy" people (Broca, 1966). As mentioned already, the film did contain scenes in a mental hospital. The scenes in the hospital were chaotic and staff was only present in one scene. The mental hospital was left unattended and forgotten when the rest of the town fled in fear of the Germans (Broca, 1966).

The third film, *The Ruling Class*, was released in 1972 and was considered a very controversial film at its release (Buck, Hawkins, & Medak, 1972). The main character in this film, Jack, believed himself to be Jesus Christ. Jack was released from a mental institution to his family after his father passed away and he inherited his father's duties as Earl (Buck, Hawkins, & Medak, 1972). Jack had active visual and auditory hallucinations and believed he was married to a fictional character. Jack's doctor tried to cure him by making him face the truth and by bringing in another man who thought he was Jesus Christ (Buck, Hawkins, & Medak, 1972). This so-called cure seemed to work but in reality only forced Jack to take on another persona. Jack then believed he was Jack the Ripper and began reenacting his crimes (Buck, Hawkins, & Medak, 1972). Jack had killed two women by the end of the film but someone else had been blamed for the deaths. In the end the doctor, a bishop, and the governor, who had all had close contact with Jack throughout the movie, were driven crazy and taken away in a van bound for an

institution (Buck, Hawkins, & Medak, 1972). This film's portrayal of Jack met all the criteria necessary for a diagnosis of schizophrenia according to the DSM II. The film specifically mentioned a diagnosis of paranoid schizophrenia which was supported by the characteristics Jack displayed in the film. The film did not depict any scenes in a mental institution but it did allude to the fact that Jack had been institutionalized previously. The film also portrayed mental illness rather negatively, with the family attempting to get Jack recommitted because they thought he would disgrace the family name and position if he acted as Earl. The family threatened to send him to the "looney bin" because he was a "feeble minded idiot" (Buck, Hawkins, & Medak, 1972).

The final movie that was released during publication of the second DSM was *I Never Promised You a Rose Garden*, released in 1977 (Blatt & Corman, 1977). The movie begins with a troubled adolescent named Deborah being taken to a mental institution by her parents for treatment. Deborah began treatment with a psychologist soon after entering the hospital and the viewer was shown evidence of Deborah's active visual and auditory hallucinations (Blatt & Corman, 1977). Deborah was initially very unreceptive to therapy because her hallucinations threatened to kill her if she trusted the therapist. Deborah also believed she was poisonous and would not touch anyone or anything (Blatt & Corman, 1977). Deborah had attempted suicide once before entering the hospital and cut and burned herself while in the hospital. The movie ended when Deborah eventually left the hospital grounds with a friend and became lost on the way back to the facility (Blatt & Corman, 1977). The film's portrayal of Deborah met the criteria for a diagnosis of schizophrenia according to the DSM II, but her illness was never specifically named within the film. The film did a good job of portraying mental

illness in a fairly positive light even with most of the characters being mentally ill. The entire film took place in a mental institution and showed the hospital as a pleasant place with a comfortable atmosphere. If a patient had severe enough problems, shock therapy and restraints were used, but that was consistent with mental institution practices at the time (Blatt & Corman, 1977).

Diagnostic and Statistical Manual III

Betty Blue, released in 1986, was the first film evaluated that was released during the publication of the third edition of the Diagnostic and Statistical Manual (Beineix & Ossard, 1986). The main character, Betty, had severe mood swings throughout most of the film but did not seem to have any other issues at the beginning of the movie. Later in the film Betty took a home pregnancy test and the results were positive but a test at the doctor's office came back negative (Beineix & Ossard, 1986). Betty was devastated and had a psychotic break. She gouged out one of her eyes and while at the hospital was admitted to the psychiatric ward. Betty displayed catatonic symptoms in the hospital and her husband suffocated her because he could not stand to see her live in a constant vegetative state (Beineix & Ossard, 1986). The portrayal of Betty in this film did not meet the requirements for the diagnosis of schizophrenia according to the criteria set forth in the DSM III. Betty was also not specifically diagnosed within the movie. The film did portray Betty in a negative light and she was referred to as insane and crazy, as well as shown as incredibly violent. There were scenes in a mental hospital and the film ended with Betty dying in the hospital. The scenes in the hospital portrayed a cold dark place with no visible staff.

The Fisher King, released in 1991, was the second movie evaluated according to the criteria laid out in the DSM III (Hill, Obst, & Gilliam, 1991). Perry, the main character, was depicted as homeless following his psychotic break after the murder of his wife. The film follows Perry's quest for the Holy Grail and his attempt to meet the woman he loves but with whom he has never spoken(Hill, Obst, & Gilliam, 1991). A former radio host that discovered his advice to a caller was the reason for the attack that killed Perry's wife and decided to help with Perry's quest for the Holy Grail after Perry saved his life (Hill, Obst, & Gilliam, 1991). Perry had active visual and auditory hallucinations and delusions. He believed he was a knight on a quest and that the Holy Grail was kept in a castle-like building in New York City (Hill, Obst, & Gilliam, 1991). Perry had another psychotic break after a demonic hallucination caught him and he became catatonic. Perry was committed to a mental hospital and only came out of his catatonia when the radio host finished the quest and brought Perry the Holy Grail (Hill, Obst, & Gilliam, 1991). The film's portrayal of Perry does meet the DSM III criteria for a diagnosis of schizophrenia but Perry's illness is never specifically stated during the film. Perry is portrayed rather negatively in the film. Perry went from living a comfortable life before his wife was killed to being homeless. People avoided him and appeared to be scared of him. There were scenes in this movie that took place in a mental institution and the movie ended there. The hospital seemed like a fairly empty place that had little security or staff. At one point a patient had a large bleeding gash on his forehead and there was no staff around, so he was left to bleed. Visitors were allowed to come and go without any supervision and were even allowed to yell at the patients without any consequence.

The final film that came out during the publication of the third edition of the Diagnostic and Statistical Manual was *Benny & Joon*, which was released in 1993 (Badalato & Chechik, 1993). Joon, the mentally ill main character, lived with her brother Benny. She visited a therapist frequently for her problems, which began after her parents were killed in a car accident. Joon was referred to as "imbalanced," but she reportedly had hallucinations and delusions. Joon was a very gifted artist and ended up falling in love with a friend, Sam, who was staying with the brother and sister (Badalato & Chechik, 1993). Joon had a psychotic break during a late night outing with Sam and was hospitalized. Joon displayed inappropriate emotions, violent behavior, and an affinity for fire throughout the film. The portrayal of Joon in the film did meet the criteria for a diagnosis of schizophrenia according to the DSM III. Joon was not portrayed negatively in the film, but was rather shown as a brilliant artist who was sweet and capable of many things despite her illness. The film did show scenes in a mental hospital, but depicted the ward as a nice place with lots of security and staff.

Diagnostic and Statistical Manual IV

The film *Shine* was released in 1996 during the publication of the fourth edition of the Diagnostic and Statistical Manual (Scott & Hicks, 1996). The main character, David, was a brilliant piano player from Australia who was raised in a traditional Jewish family with a very authoritative father who demanded perfection. David was driven to psychotic breakdown in late adolescence while practicing and performing his final piece for graduation from the Royal College of Music in London (Scott & Hicks, 1996). The piece was an incredibly difficult one that his father had always pushed for him to play. David was then institutionalized for a period of time and was released when someone

volunteered to give him a place to stay (Scott & Hicks, 1996). David displayed disorganized speech and behavior as well as inappropriate emotions throughout the remainder of the film. David continued to play the piano and eventually got married at the end of the film (Scott & Hicks, 1996). The portrayal of David in the film did meet criteria for a diagnosis of schizophrenia according to the DSM IV, but his illness was never specifically named. David was not portrayed negatively but was shown as a piano genius who was still brilliant in spite of his illness. There were scenes in a mental hospital which showed the hospital as a nice comfortable place with a variety of activities and kind, caring staff.

The Caveman's Valentine was released in 2000 and so falls under the criteria set out in the fourth edition of the DSM (DeVito & Lemmons, 2000). Romulus was a homeless piano composer who had been trained at Juliard. He had active hallucinations and delusions throughout the film (DeVito & Lemmons, 2000). After finding a dead body in a tree outside the cave where he lived, Romulus began a quest to find the killer and get justice for the dead homeless man. Romulus gathered evidence regarding the murder and helped the police solve the crime (DeVito & Lemmons, 2000). Romulus was able to conduct himself reasonably well in social situations, which helped him to gain the evidence necessary to aid the police in solving the crime. The strange quirks he did display in social situations were written off as genius until he crossed the line and allowed information about his hallucinations to come out in his speech (DeVito & Lemmons, 2000). The characteristics displayed by Romulus did meet the criteria for a diagnosis of schizophrenia according to the DSM IV, but his illness was never specifically named during the film. Romulus was portrayed negatively but was not

shown as dangerous. Romulus was called crazy and insane by his family and the other characters in the film equated homelessness with being mentally ill. There were no scenes in the film that portrayed a mental hospital and there was no mention of Romulus ever having been hospitalized for his illness previously.

A Beautiful Mind was the final film and the last one to be evaluated on the criteria from the fourth edition of the Diagnostic and Statistical Manual having been released in 2001(Grazer &Howard, 2001). John was a loner from the beginning of the film but was a mathematical genius studying at Princeton University. John had active visual and auditory hallucinations and delusions. He believed he worked for the government on a secret project decoding messages hidden in newspaper and magazine articles, but none of this was true. John hallucinated his college roommate and several other characters in the film (Grazer & Howard, 2001). John was hospitalized after his friends and family realized he was having hallucinations and delusions. John was released from the hospital but continued to have active hallucinations, learning to control them with the help of his wife. John was depicted as eventually teaching classes at Princeton and living a fairly normal life despite his hallucinations (Grazer & Howard, 2001). The film's portrayal of John did meet the criteria for a diagnosis of schizophrenia under the DSM IV. The film did specifically mention John was a paranoid schizophrenic and the characteristics in the film supported this diagnosis. John was not generally shown in a negative light but was shown as a mathematical genius who was still greatly respected despite his illness. There were scenes in a mental institution and they showed it as a pleasant place with caring staff.

Analysis

Three chi squared analyses were conducted using the data collected from the films. One chi squared analysis was conducted using the DSM edition and whether or not the character in each film met the criteria for a diagnosis of schizophrenia (χ^2=1.146, sig.=0.564). According to the results there were no differences in the accuracy of the DSM diagnosis of schizophrenia by DSM edition. A second chi squared analysis was conducted using the DSM edition and whether or not the character was portrayed negatively in the film (χ^2=1.319, sig.=0.517). Again, there were no effects for the DSM edition on negative depictions of schizophrenia across the movies. A final chi squared analysis was conducted using the DSM edition and whether or not a mental hospital was shown in the film (χ^2=1.146, sig.=0.564). These results suggest there were not differences across films in the frequency of hospital depictions by the DSM edition.

Discussion

The present data do not support the main hypothesis. I hypothesized that the films would portray the individuals with differential accuracy for the diagnosis of schizophrenia but the films were actually very consistent in portraying the mentally ill characters across time. I also hypothesized that the early films would portray the mentally ill characters more negatively and show them more frequently in a mental hospital at some point within the film but the chi squared results for those hypotheses were also non-significant.

Though my hypotheses were not upheld these results were very encouraging because the results can be interpreted as meaning that the portrayal of schizophrenic individuals within the media has kept up with the changing criteria as each new edition of the Diagnostic and Statistical Manual was published. Each subsequent film included

more detailed characteristics about schizophrenia and each subsequent edition of the DSM included more detailed criteria for diagnosis. The accuracy of the diagnoses in the majority of the films can be interpreted to mean that the public is receiving accurate information about schizophrenia and that stereotypes of individuals with schizophrenia should be reduced. This would mean that individuals suffering from schizophrenia should experience increasingly less negative treatment from the general public as the media continues to accurately display the characteristics of schizophrenia.

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Appendix

Criteria, DSM II	Splendor	King of Hearts	Ruling Class	Rose Garden
Hallucinations				
Delusions				
Inappropriate emotions				
Loss of empathy				
Withdrawn				
Regressive behavior				
Simple Type				
Apathy				
Withdraw from friends and family				
Lower level functioning				
Hebephrenic Type				
Disorganized Thinking				
Shallow affect				
Unpredictable giggling				
Silly/regressive behavior				
Hypochondriasis				
Catatonic Type Excited				
Excessive motor activity				
Catatonic Type Withdrawn				
Stupor				
Mutism				
Negativism				
Waxy Flexibility				
Paranoid Type				
Persecutory Illusions				
Grandiose Illusions				
Excessive Religiosity				
Hostile/Aggressive Projection				
Latent Type				
No history of schizophrenic episode				
Residual Type				
No longer showing signs of psychosis				
Schizo-affective Type				

Elation (excited type)
Depression (depressed type)

Childhood Type
Symptoms appear
before puberty
Autistic
Failure to develop identity
separate from mom
Gross immaturity

Undifferentiated
Chronic Type
Mixed symptoms

Criteria, DSM III-R	Betty Blue	Fisher King	Bennie & Joon
A. Presence of 1, 2, or 3 for at least 1 week			
1. 2 of the following			
Delusions			
Prominent hallucinations			
Incoherence or loosening of associations			
Catatonic behavior			
Flat, or inappropriate affect			
2. Bizarre delusions			
3. Prominent hallucinations of a verbal running commentary or two voices conversing			
B. Lower functioning in areas of work, social relations, and self-care			
C. Schizoaffective Disorder and Mood disorder with psychotic features have been ruled out			
D. Continuous signs of disturbance for 6 months with active phase			
E. No established organic reason			
F. Diagnosed with Autism only when prominent delusions or hallucinations are present			
Catatonic Type			
Catatonic Stupor or Mutism			
Catatonic			
Negativism			
Catatonic Rigidity			
Catatonic Excitement			
Catatonic posturing			
Disorganized Type			
Incoherence, loosening of associations or disorganized behavior			
Flat, inappropriate affect			
Not Catatonic			

Paranoid Type
Preoccupation with 1 or more systematized delusions or with frequent auditory hallucinations of a single theme
None of the following: incoherence, loosening of associations, flat or inappropriate affect, catatonic behavior, disorganized behavior

Undifferentiated Type
Prominent delusions, hallucinations incoherence, or disorganized behavior
Does not meet criteria for other types

Residual Type
Absence of prominent delusions, hallucinations, incoherence, or disorganized behavior
Continuing evidence of disturbance with 2 or more symptoms from D

Criteria, DSM IV-TR	Shine	Beautiful Mind	Cave
A. Two of the following, present for most of 1 month: Delusions Hallucinations Disorganized speech Disorganized/catatonic behavior Negative symptoms			
B. Lower functioning in areas of work, interpersonal relations, or self-care			
C. Continuous signs of disturbance for 6 months with 1 month of criteria A symptoms			
D. Schizoaffective disorder and Mood disorder with psychotic features are ruled out			
E. Disturbance not due to physiological effects of a substance or medical issue			
F. No diagnosis with autism or a pervasive developmental disorder unless prominent delusions or hallucinations are present for at least 1 month			
Paranoid Type Preoccupation with delusions or frequent auditory hallucinations No prominent disorganized speech, disorganized/catatonic behavior, or flat/inappropriate affect			
Disorganized Type All following are prominent: Disorganized speech Disorganized behavior Flat/inappropriate affect Criteria not met for Catatonic			

Catatonic Type
Motoric immobility evidenced
by
  catalepsy or stupor
Excessive motor activity
Extreme negativism or mutism
Peculiarities of voluntary movement
  evidenced by posturing,
  stereotyped movements, or
  prominent mannerisms/grimaces
Echolalia or echopraxia

Undifferentiated
Type
Symptoms for criteria A met but
  not for other types

Residual Type
Absence of prominent
delusions
  hallucinations, disorganized
  speech, or disorganized/catatonic
  behavior
Continuing evidence of disturbance
  indicated by negative symptoms
  or 2 or more symptoms from A